

157.12 Air Medical draft rule language

(xx) Issues relating to helipad air medical access changes shall be handled initially at the provider/facility level. Any unresolved issues shall be handled utilizing the alternative dispute resolution (ADR, e.g. mediation, binding arbitration, unbinding arbitration) process of the regional advisory council (RAC) in which the helipad is located.

Note: Similar language has been drafted for the general designation rules for facilities. Additionally, a section requiring an ADR process can be added to the 911 contracts with the Regional Advisory Councils, but would eventually be reflected in rule.

(xx) An Air Medical Provider (AMP) shall provide notification in writing to the Department of State Health Services (DSHS) as well as the RAC and receiving facilities in the provider's service area at least 30 days prior to any of the following changes occurring:

- (1) origination of a new service;
- (2) modification of the provider's service area;
- (3) changes in headquarter or sub-location addresses; and
- (4) termination of services

(xx) Application requirements for a rotor-wing air medical provider

(1) Rotor-wing air medical providers must be accredited through a national accrediting organization approved by the department.

(A) New or existing non-accredited air medical providers may apply for a 24 month provisional license in order to allow time to receive accreditation.

(B) By the end of the 12th month of the provisional license, DSHS must receive proof that CAMTS has received a completed Program Information Form (PIF) and required documentation from the provider. The department may begin administrative action if the provider fails to submit written proof in a timely manner.

(C) The air medical provider must document accreditation by CAMTS prior to the end of 24 months from when the provisional license is issued. The required documentation includes:

- (i) an accreditation self-study;
- (ii) a copy of formal accreditation certificate; and

47 (iii) any correspondence or updates to or from the accrediting organization
48 which impact the provider's status.
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50 (D) The provisional status will be removed for the remainder of the 24 month
51 license period upon receipt of full documentation that CAMTS has issued accreditation to the
52 provider.
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54 (E) Accredited rotor-wing air medical providers must follow the renewal process
55 in (xx) of this chapter in order to renew the provider license.
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57 (F) An EMS provider shall not operate prior to the issuance or upon expiration of
58 the provider license
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60 (2) DSHS may grant an exception if it finds that compliance with this section would not
61 be in the best interest of the persons served in the affected local system.
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63 (xx) Applicants for a rotor-wing initial EMS provider license shall submit a completed
64 application to the department including the documentation and fees as listed below:
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66 (1) A nonrefundable application fee of \$500 per provider plus \$180 for each EMS aircraft
67 to be operated under the license shall accompany the application. Information concerning
68 applicable fees for ground vehicles is described in §157.11 of this chapter.
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70 (2) A rotor-wing air ambulance provider, appropriately licensed by the state governments
71 of New Mexico, Oklahoma, Arkansas, or Louisiana may apply for reciprocal issuance of
72 a provider license. A nonrefundable administrative fee of \$500 per provider in addition to
73 a nonrefundable fee of \$180 for each EMS aircraft to be operated in Texas under the
74 reciprocal license shall accompany the application. The provider will be obligated to
75 perform to the same medical standards of care required of EMS air medical providers
76 licensed in Texas.
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78 (3) Required Documents that shall accompany a rotor-wing air medical license
79 application
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81 (A) [Under construction]
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